# AMENDED IN ASSEMBLY MAY 4, 2016 AMENDED IN ASSEMBLY MARCH 18, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

## ASSEMBLY BILL

No. 2809

# **Introduced by Assembly Member Rodriguez**

February 19, 2016

An act to amend Sections 4646.5, 4648, 4648.35, 4648.5, 4648.55, 4659, 4686.2, and 4686.5 of and 4686.2 of, and to add Section 4646.45 to, the Welfare and Institutions Code, relating to developmental services.

#### LEGISLATIVE COUNSEL'S DIGEST

AB 2809, as amended, Rodriguez. Developmental services: regional centers.

Existing law, the California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and support to all eligible infants and toddlers, as defined, and their families and requires an eligible infant or toddler receiving services under the act to have an individualized family service plan (IFSP). The act requires these services to be provided pursuant to the existing regional center system under the Lanterman Developmental Disabilities Service Act.

Under existing law, the Lanterman Developmental Disabilities Services Act, the State Department of Developmental Services is responsible for providing various services and supports to individuals with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Under existing law, the department contracts with regional centers to provide services and AB 2809 — 2 —

supports to persons with developmental disabilities. The services and supports to be provided to a regional center consumer are contained in an individual program plan (IPP), developed in accordance with prescribed requirements.

This bill would require regional centers to give certain information and materials to a consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, at the time of development, scheduled review, or modification of a consumer's IPP or IFSP and would require that information and those materials to be in his, her, or their native language. made available in threshold languages, as defined.

Existing law generally provides, beginning July 1, 2009 that a regional center shall not purchase medical or dental services for a consumer 3 years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an appeal of the denial by the consumer or family does not have merit. Existing law authorizes regional centers to pay for medical or dental services during certain periods, including, among others, while coverage is being pursued, but before a denial is made.

This bill would instead require regional centers to pay for medical or dental services during those periods.

Existing law also requires a regional center to only purchase applied behavioral analysis (ABA) services or intensive behavioral intervention services when the parent or parents of minor consumers receiving services participate in the intervention plan for the consumers.

This bill would require the regional center, when determining the extent of parent participation to consider any relevant hardships suffered by a parent or parents that may constitute a barrier to the consumer accessing those services. The bill would require the hardships to be documented in the IPP or IFSP and reviewed annually to determine if there has been a change in circumstances.

Vote: majority. Appropriation: no. Fiscal committee: no. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 4646.45 is added to the Welfare and
- 2 Institutions Code, immediately following Section 4646.4, to read:

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4646.45. At the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, the regional center shall make available, in a nontechnical, understandable form and in threshold languages, as defined in paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, as appropriate, to the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a document describing all of the following and the process for obtaining each exception or exemption:

- (a) The exception described in subdivision (d) of Section 4648.35.
  - (b) The exemption described in subdivision (c) of Section 4648.5.
- (c) The exemption described in subdivision (d) of Section 4648.55.
- (d) The exemption described in subparagraph (A) of paragraph (3) of subdivision (a) of Section 4686.5.

### SECTION 1.

- SEC. 2. Section 4646.5 of the Welfare and Institutions Code is amended to read:
- 4646.5. (a) The planning process for the individual program plan described in Section 4646 shall include all of the following:
- (1) Gathering information and conducting assessments to determine the life goals, capabilities and strengths, preferences, barriers, and concerns or problems of the person with developmental disabilities. For children with developmental disabilities, this process should include a review of the strengths, preferences, and needs of the child and the family unit as a whole. Assessments shall be conducted by qualified individuals and performed in natural environments whenever possible. Information shall be taken from the consumer, his or her parents and other family members, his or her friends, advocates, authorized representative, if applicable, providers of services and supports, and other agencies. The assessment process shall reflect awareness of, and sensitivity to, the lifestyle and cultural background of the consumer and the family.
- (2) A statement of goals, based on the needs, preferences, and life choices of the individual with developmental disabilities, and a statement of specific, time-limited objectives for implementing the person's goals and addressing his or her needs. These objectives

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shall be stated in terms that allow measurement of progress or monitoring of service delivery. These goals and objectives should maximize opportunities for the consumer to develop relationships, be part of community life in the areas of community participation, housing, work, school, and leisure, increase control over his or her life, acquire increasingly positive roles in community life, and develop competencies to help accomplish these goals.

- (3) When developing individual program plans for children, regional centers shall be guided by the principles, process, and services and support parameters set forth in Section 4685.
- (4) When developing an individual program plan for a transition age youth or working age adult, the planning team shall consider the Employment First Policy described in Chapter 14 (commencing with Section 4868).
- (5) A schedule of the type and amount of services and supports to be purchased by the regional center or obtained from generic agencies or other resources in order to achieve the individual program plan goals and objectives, and identification of the provider or providers of service responsible for attaining each objective, including, but not limited to, vendors, contracted providers, generic service agencies, and natural supports. The individual program plan shall specify the approximate scheduled start date for services and supports and shall contain timelines for actions necessary to begin services and supports, including generic services. In addition to the requirements of subdivision (h) of Section 4646, each regional center shall offer, and upon request provide, a written copy of the individual program plan to the consumer, and, when appropriate, his or her parents, legal guardian or conservator, or authorized representative within 45 days of their request in a threshold language, as defined by paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations.
- (6) At the beginning of each individual program plan meeting, the regional center shall provide a consumer and, when appropriate, his or her parents, legal guardian, conservator, or authorized representative a list of services provided by the regional center and information about the appeal and complaint process in his or her native language. threshold languages, as defined in paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, as appropriate.

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(7) At the end of the individual program plan meeting, the regional center shall provide a consumer and, when appropriate, his or her parents, legal guardian, conservator, or authorized representative a written list of agreed-upon services and supports, including the amount and anticipated start date, and a list of any services and supports for which final agreement has not yet been reached and for which there will be a subsequent program plan meeting pursuant to subdivision (f) of Section 4646.

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(7) When agreed to by the consumer, the parents, legally appointed guardian, or authorized representative of a minor consumer, or the legally appointed conservator of an adult consumer or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, and subdivision (e) of Section 4705, a review of the general health status of the adult or child, including medical, dental, and mental health needs, shall be conducted. This review shall include a discussion of current medications, any observed side effects, and the date of the last review of the medication. Service providers shall cooperate with the planning team to provide any information necessary to complete the health status review. If any concerns are noted during the review, referrals shall be made to regional center clinicians or to the consumer's physician, as appropriate. Documentation of health status and referrals shall be made in the consumer's record by the service coordinator.

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- (8) (A) The development of a transportation access plan for a consumer when all of the following conditions are met:
- (i) The regional center is purchasing private, specialized transportation services or services from a residential, day, or other provider, excluding vouchered service providers, to transport the consumer to and from day or work services.
- (ii) The planning team has determined that a consumer's community integration and participation could be safe and enhanced through the use of public transportation services.
- (iii) The planning team has determined that generic transportation services are available and accessible.
- (B) To maximize independence and community integration and participation, the transportation access plan shall identify the services and supports necessary to assist the consumer in accessing

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public transportation and shall comply with Section 4648.35. These services and supports may include, but are not limited to, mobility training services and the use of transportation aides. Regional centers are encouraged to coordinate with local public transportation agencies.

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- (9) A schedule of regular periodic review and reevaluation to ascertain that planned services have been provided, that objectives have been fulfilled within the times specified, and that consumers and families are satisfied with the individual program plan and its implementation.
- (b) For all active cases, individual program plans shall be reviewed and modified by the planning team, through the process described in Section 4646, as necessary, in response to the person's achievement or changing needs, and no less often than once every three years. If the consumer or, where appropriate, the consumer's parents, legal guardian, authorized representative, or conservator requests an individual program plan review, the individual program shall be reviewed within 30 days after the request is submitted.
- (c) (1) The department, with the participation of representatives of a statewide consumer organization, the Association of Regional Center Agencies, an organized labor organization representing service coordination staff, and the state council shall prepare training material and a standard format and instructions for the preparation of individual program plans, which embody an approach centered on the person and family.
- (2) Each regional center shall use the training materials and format prepared by the department pursuant to paragraph (1).
- (3) The department shall biennially review a random sample of individual program plans at each regional center to ensure that these plans are being developed and modified in compliance with Section 4646 and this section.

SEC. 2.

- SEC. 3. Section 4648 of the Welfare and Institutions Code is amended to read:
- 4648. In order to achieve the stated objectives of a consumer's
   individual program plan, the regional center shall conduct activities,
   including, but not limited to, all of the following:
  - (a) Securing needed services and supports.

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(1) It is the intent of the Legislature that services and supports assist individuals with developmental disabilities in achieving the greatest self-sufficiency possible and in exercising personal choices. The regional center shall secure services and supports that meet the needs of the consumer, as determined in the consumer's individual program plan, and within the context of the individual program plan, the planning team shall give highest preference to those services and supports which would allow minors with developmental disabilities to live with their families, adult persons with developmental disabilities to live as independently as possible in the community, and that allow all consumers to interact with persons without disabilities in positive, meaningful ways.

- (2) In implementing individual program plans, regional centers, through the planning team, shall first consider services and supports in natural community, home, work, and recreational settings. Services and supports shall be flexible and individually tailored to the consumer and, where appropriate, his or her family.
- (3) A regional center may, pursuant to vendorization or a contract, purchase services or supports for a consumer from any individual or agency that the regional center and consumer or, when appropriate, his or her parents, legal guardian, or conservator, or authorized representatives, determines will best accomplish all or any part of that consumer's program plan.
- (A) Vendorization or contracting is the process for identification, selection, and utilization of service vendors or contractors, based on the qualifications and other requirements necessary in order to provide the service.
- (B) A regional center may reimburse an individual or agency for services or supports provided to a regional center consumer if the individual or agency has a rate of payment for vendored or contracted services established by the department, pursuant to this division, and is providing services pursuant to an emergency vendorization or has completed the vendorization procedures or has entered into a contract with the regional center and continues to comply with the vendorization or contracting requirements. The director shall adopt regulations governing the vendorization process to be utilized by the department, regional centers, vendors, and the individual or agency requesting vendorization.

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(C) Regulations shall include, but not be limited to: the vendor application process, and the basis for accepting or denying an application; the qualification and requirements for each category of services that may be provided to a regional center consumer through a vendor; requirements for emergency vendorization; procedures for termination of vendorization; and the procedure for an individual or an agency to appeal any vendorization decision made by the department or regional center.

- (D) A regional center may vendorize a licensed facility for exclusive services to persons with developmental disabilities at a capacity equal to or less than the facility's licensed capacity. A facility already licensed on January 1, 1999, shall continue to be vendorized at their full licensed capacity until the facility agrees to vendorization at a reduced capacity.
- (E) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not newly vendor a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds, unless the facility qualifies for receipt of federal funds under the Medicaid Program.
- (4) Notwithstanding subparagraph (B) of paragraph (3), a regional center may contract or issue a voucher for services and supports provided to a consumer or family at a cost not to exceed the maximum rate of payment for that service or support established by the department. If a rate has not been established by the department, the regional center may, for an interim period, contract for a specified service or support with, and establish a rate of payment for, any provider of the service or support necessary to implement a consumer's individual program plan. Contracts may be negotiated for a period of up to three years, with annual review and subject to the availability of funds.
- (5) In order to ensure the maximum flexibility and availability of appropriate services and supports for persons with developmental disabilities, the department shall establish and maintain an equitable system of payment to providers of services and supports identified as necessary to the implementation of a consumers' consumer's individual program plan. The system of payment shall include a provision for a rate to ensure that the provider can meet the special needs of consumers and provide

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quality services and supports in the least restrictive setting as required by law.

- (6) The regional center and the consumer, or when appropriate, his or her parents, legal guardian, conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, shall, pursuant to the individual program plan, consider all of the following when selecting a provider of consumer services and supports:
- (A) A provider's ability to deliver quality services or supports that can accomplish all or part of the consumer's individual program plan.
- (B) A provider's success in achieving the objectives set forth in the individual program plan.
- (C) Where appropriate, the existence of licensing, accreditation, or professional certification.
- (D) The cost of providing services or supports of comparable quality by different providers, if available, shall be reviewed, and the least costly available provider of comparable service, including the cost of transportation, who is able to accomplish all or part of the consumer's individual program plan, consistent with the particular needs of the consumer and family as identified in the individual program plan, shall be selected. In determining the least costly provider, the availability of federal financial participation shall be considered. The consumer shall not be required to use the least costly provider if it will result in the consumer moving from an existing provider of services or supports to more restrictive or less integrated services or supports.
- (E) The consumer's choice of providers, or, when appropriate, the consumer's parent's, legal guardian's, authorized representative's, or conservator's choice of providers.
- (7) No service or support provided by any agency or individual shall be continued unless the consumer or, when appropriate, his or her parents, legal guardian, or conservator, or authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, subdivision (b) of Section 4701.6, or subdivision (e) of Section 4705, is satisfied and the regional center and the consumer or, when appropriate, the person's parents or legal guardian or conservator agree that planned services and

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supports have been provided, and reasonable progress toward objectives have been made.

- (8) Regional center funds shall not be used to supplant the budget of any agency that has a legal responsibility to serve all members of the general public and is receiving public funds for providing those services.
- (9) (A) A regional center may, directly or through an agency acting on behalf of the center, provide placement in, purchase of, or follow-along services to persons with developmental disabilities in, appropriate community living arrangements, including, but not limited to, support service for consumers in homes they own or lease, foster family placements, health care facilities, and licensed community care facilities. In considering appropriate placement alternatives for children with developmental disabilities, approval by the child's parent or guardian shall be obtained before placement is made.
- (B) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase residential services from a State Department of Social Services licensed 24-hour residential care facility with a licensed capacity of 16 or more beds. This prohibition on regional center purchase of residential services shall not apply to any of the following:
- (i) A residential facility with a licensed capacity of 16 or more beds that has been approved to participate in the department's Home and Community Based Services Waiver or another existing waiver program or certified to participate in the Medi-Cal program.
- (ii) A residential facility service provider that has a written agreement and specific plan prior to July 1, 2012, with the vendoring regional center to downsize the existing facility by transitioning its residential services to living arrangements of 15 beds or less or restructure the large facility to meet federal Medicaid eligibility requirements on or before June 30, 2013.
- (iii) A residential facility licensed as a mental health rehabilitation center by the State Department of Mental Health or successor agency under any of the following circumstances:
  - (I) The facility is eligible for Medicaid reimbursement.
- (II) The facility has a department-approved plan in place by June 30, 2013, to transition to a program structure eligible for federal Medicaid funding, and this transition will be completed by June 30, 2014. The department may grant an extension for the date

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by which the transition will be completed if the facility demonstrates that it has made significant progress toward transition, and states with specificity the timeframe by which the transition will be completed and the specified steps that will be taken to accomplish the transition. A regional center may pay for the costs of care and treatment of a consumer residing in the facility on June 30, 2012, until June 30, 2013, inclusive, and, if the facility has a department-approved plan in place by June 30, 2013, may continue to pay the costs under this subparagraph until June 30, 2014, or until the end of any period during which the department has granted an extension.

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- (III) There is an emergency circumstance in which the regional center determines that it cannot locate alternate federally eligible services to meet the consumer's needs. Under such an emergency circumstance, an assessment shall be completed by the regional center as soon as possible and within 30 days of admission. An individual program plan meeting shall be convened immediately following the assessment to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility into the community. If transition is not expected within 90 days of admission, an individual program plan meeting shall be held to discuss the status of transition and to determine if the consumer is still in need of placement in the facility. Commencing October 1, 2012, this determination shall be made after also considering resource options identified by the statewide specialized resource service. If it is determined that emergency services continue to be necessary, the regional center shall submit an updated transition plan that can cover a period of up to 90 days. In no event shall placements under these emergency circumstances exceed 180 days.
- (C) (i) Effective July 1, 2012, notwithstanding any other law or regulation, a regional center shall not purchase new residential services from, or place a consumer in, institutions for mental disease, as described in Part 5 (commencing with Section 5900) of Division 5, for which federal Medicaid funding is not available. Effective July 1, 2013, this prohibition applies regardless of the availability of federal funding.
- (ii) The prohibition described in clause (i) shall not apply to emergencies, as determined by the regional center, when a regional center cannot locate alternate services to meet the consumer's

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needs. As soon as possible within 30 days of admission due to an emergency, an assessment shall be completed by the regional center. An individual program plan meeting shall be convened immediately following the assessment, to determine the services and supports needed for stabilization and to develop a plan to transition the consumer from the facility to the community. If transition is not expected within 90 days of admission, an emergency program plan meeting shall be held to discuss the status of the transition and to determine if the consumer is still in need of placement in the facility. If emergency services continue to be necessary, the regional center shall submit an updated transition plan to the department for an extension of up to 90 days. Placement shall not exceed 180 days. 

- (iii) To the extent feasible, prior to any admission, the regional center shall consider resource options identified by the statewide specialized resource service established pursuant to subdivision (b) of Section 4418.25.
- (iv) The clients' rights advocate shall be notified of each admission and individual program-planning plan meeting pursuant to this subparagraph and may participate in all individual program planning plan meetings unless the consumer objects on his or her own behalf. For purposes of this clause, notification to the clients' rights advocate shall include a copy of the most recent comprehensive assessment or updated assessment and the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days prior to the meeting.
- (v) If a consumer is placed in an institution for mental disease by another entity, the institution for mental disease shall inform the regional center of the placement within five days of the date the consumer is admitted. If an individual's records indicate that he or she is a regional center consumer, the institution for mental disease shall make every effort to contact the local regional center or department to determine which regional center to provide notice. As soon as possible within 30 days of admission to an institution for mental disease due to an emergency pursuant to clause (ii), or within 30 days of notification of admission to an institution for mental disease by an entity other than a regional center, an assessment shall be completed by the regional center.

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(vi) Regional centers shall complete a comprehensive assessment of any consumer residing in an institution for mental disease as of July 1, 2012, for which federal Medicaid funding is not available, and for any consumer residing in an institution for mental disease as of July 1, 2013, without regard to federal funding. The comprehensive assessment shall be completed prior to the consumer's next scheduled individual program plan meeting and shall include identification of the services and supports needed and the timeline for identifying or developing those services needed to transition the consumer back to the community. Effective October 1, 2012, the regional center shall also consider resource options identified by the statewide specialized resource service. For each individual program plan meeting convened pursuant to this subparagraph, the clients' rights advocate for the regional center shall be notified of the meeting and may participate in the meeting unless the consumer objects on his or her own behalf. For purposes of this clause, notification to the clients' rights advocate shall include the time, date, and location of the meeting, and shall be provided as soon as practicable, but not less than seven calendar days prior to the meeting.

- (D) A person with developmental disabilities placed by the regional center in a community living arrangement shall have the rights specified in this division. These rights shall be brought to the person's attention by any means necessary to reasonably communicate these rights to each resident, provided that, at a minimum, the Director of Developmental Services prepare, provide, and require to be clearly posted in all residential facilities and day programs a poster using simplified language and pictures that is designed to be more understandable by persons with intellectual disabilities and that the rights information shall also be available through the regional center to each residential facility and day program in alternative formats, including, but not limited to, other languages, braille, and audiotapes, when necessary to meet the communication needs of consumers.
- (E) Consumers are eligible to receive supplemental services including, but not limited to, additional staffing, pursuant to the process described in subdivision (d) of Section 4646. Necessary additional staffing that is not specifically included in the rates paid to the service provider may be purchased by the regional center if the additional staff are in excess of the amount required by

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1 regulation and the individual's planning team determines the 2 additional services are consistent with the provisions of the 3 individual program plan. Additional staff should be periodically 4 reviewed by the planning team for consistency with the individual 5 program plan objectives in order to determine if continued use of 6 the additional staff is necessary and appropriate and if the service 7 is producing outcomes consistent with the individual program plan. 8 Regional centers shall monitor programs to ensure that the 9 additional staff is being provided and utilized appropriately.

- (10) Emergency and crisis intervention services including, but not limited to, mental health services and behavior modification services, may be provided, as needed, to maintain persons with developmental disabilities in the living arrangement of their own choice. Crisis services shall first be provided without disrupting a person's living arrangement. If crisis intervention services are unsuccessful, emergency housing shall be available in the person's home community. If dislocation cannot be avoided, every effort shall be made to return the person to his or her living arrangement of choice, with all necessary supports, as soon as possible.
- (11) Among other service and support options, planning teams shall consider the use of paid roommates or neighbors, personal assistance, technical and financial assistance, and all other service and support options which would result in greater self-sufficiency for the consumer and cost-effectiveness to the state.
- (12) When facilitation as specified in an individual program plan requires the services of an individual, the facilitator shall be of the consumer's choosing.
- (13) The community support may be provided to assist individuals with developmental disabilities to fully participate in community and civic life, including, but not limited to, programs, services, work opportunities, business, and activities available to persons without disabilities. This facilitation shall include, but not be limited to, any of the following:
- (A) Outreach and education to programs and services within the community.
- (B) Direct support to individuals that would enable them to 36 more fully participate in their community.
  - (C) Developing unpaid natural supports when possible.
  - (14) When feasible and recommended by the individual program planning team, for purposes of facilitating better and cost-effective

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services for consumers or family members, technology, including 2 telecommunication technology, may be used in conjunction with 3 other services and supports. Technology in lieu of a consumer's 4 in-person appearances at judicial proceedings or administrative 5 due process hearings may be used only if the consumer or, when 6 appropriate, the consumer's parent, legal guardian, conservator, or authorized representative, gives informed consent. Technology 8 may be used in lieu of, or in conjunction with, in-person training for providers, as appropriate.

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- (15) Other services and supports may be provided as set forth in Sections 4685, 4686, 4687, 4688, and 4689, when necessary.
- (16) Notwithstanding any other law or regulation, effective July 1, 2009, regional centers shall not purchase experimental treatments, therapeutic services, or devices that have not been clinically determined or scientifically proven to be effective or safe or for which risks and complications are unknown. Experimental treatments or therapeutic services include experimental medical or nutritional therapy when the use of the product for that purpose is not a general physician practice. For regional center consumers receiving these services as part of their individual program plan (IPP) or individualized family service plan (IFSP) on July 1, 2009, this prohibition shall apply on August 1, 2009.
- (b) (1) Advocacy for, and protection of, the civil, legal, and service rights of persons with developmental disabilities as established in this division.
- (2) Whenever the advocacy efforts of a regional center to secure or protect the civil, legal, or service rights of any of its consumers prove ineffective, the regional center or the person with developmental disabilities or his or her parents, legal guardian, or other representative may request advocacy assistance from the state council.
- (c) The regional center may assist consumers and families directly, or through a provider, in identifying and building circles of support within the community.
- (d) In order to increase the quality of community services and protect consumers, the regional center shall, when appropriate, take either of the following actions:
- (1) Identify services and supports that are ineffective or of poor quality and provide or secure consultation, training, or technical

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assistance services for any agency or individual provider to assist that agency or individual provider in upgrading the quality of services or supports.

- (2) Identify providers of services or supports that may not be in compliance with local, state, and federal statutes and regulations and notify the appropriate licensing or regulatory authority to investigate the possible noncompliance.
- (e) When necessary to expand the availability of needed services of good quality, a regional center may take actions that include, but are not limited to, the following:
- (1) Soliciting an individual or agency by requests for proposals or other means, to provide needed services or supports not presently available.
- (2) Requesting funds from the Program Development Fund, pursuant to Section 4677, or community placement plan funds designated from that fund, to reimburse the startup costs needed to initiate a new program of services and supports.
- (3) Using creative and innovative service delivery models, including, but not limited to, natural supports.
- (f) Except in emergency situations, a regional center shall not provide direct treatment and therapeutic services, but shall utilize appropriate public and private community agencies and service providers to obtain those services for its consumers.
- (g) When there are identified gaps in the system of services and supports or when there are identified consumers for whom no provider will provide services and supports contained in his or her individual program plan, the department may provide the services and supports directly.
- (h) At least annually, and at the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, regional centers shall provide the consumer, his or her parents, legal guardian, conservator, or authorized representative a statement of services and supports the regional center purchased for the purpose of ensuring that they are delivered. The statement shall include the type, unit, month, and cost of services and supports purchased. The regional center shall provide that statement in the native language of the make that statement available in threshold languages, as defined in paragraph (3) of subdivision (a) of Section 1810.410 of Title 9 of the California Code of Regulations, as appropriate, to the

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consumer or his or her parents, legal guardian, conservator, or authorized representative, or both.

- SEC. 3. Section 4648.35 of the Welfare and Institutions Code is amended to read:
- 4648.35. At the time of development, review, or modification of a consumer's individual program plan (IPP) or individualized family service plan (IFSP), all of the following shall apply to a regional center:
- (a) A regional center shall not fund private specialized transportation services for an adult consumer who can safely access and utilize public transportation, when that transportation is available.
- (b) A regional center shall fund the least expensive transportation modality that meets the consumer's needs, as set forth in the consumer's IPP or IFSP.
- (c) A regional center shall fund transportation, when required, from the consumer's residence to the lowest-cost vendor that provides the service that meets the consumer's needs, as set forth in the consumer's IPP or IFSP. For purposes of this subdivision, the cost of a vendor shall be determined by combining the vendor's program costs and the costs to transport a consumer from the consumer's residence to the vendor.
- (d) A regional center shall fund transportation services for a minor child living in the family residence, only if the family of the child provides sufficient written documentation to the regional center to demonstrate that it is unable to provide transportation for the child. At the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement of the requirement described in this subdivision and examples of sufficient written documentation that may be submitted. The regional center shall accept documentation submitted pursuant to this subdivision in any written form, including in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative.
- SEC. 4. Section 4648.5 of the Welfare and Institutions Code is amended to read:

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4648.5. (a) Notwithstanding any other law or regulations to the contrary, effective July 1, 2009, a regional centers' authority to purchase the following services shall be suspended pending implementation of the Individual Choice Budget and certification by the Director of Developmental Services that the Individual Choice Budget has been implemented and will result in state budget savings sufficient to offset the costs of providing the following services:

- (1) Camping services and associated travel expenses.
- (2) Social recreation activities, except for those activities vendored as community-based day programs.
- (3) Educational services for children three to 17, inclusive, years of age.
- (4) Nonmedical therapies, including, but not limited to, specialized recreation, art, dance, and music.
- (b) For regional center consumers receiving services described in subdivision (a) as part of their individual program plan (IPP) or individualized family service plan (IFSP), the prohibition in subdivision (a) shall take effect on August 1, 2009.
- (c) An exemption may be granted on an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a) when the regional center determines that the service is a primary or critical means for ameliorating the physical, cognitive, or psychosocial effects of the consumer's developmental disability, or the service is necessary to enable the consumer to remain in his or her home and no alternative service is available to meet the consumer's needs.
- (d) At the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement describing the exemption in subdivision (c) and examples of documentation that may be submitted to demonstrate qualification for the exemption.
- SEC. 5. Section 4648.55 of the Welfare and Institutions Code is amended to read:
- 4648.55. (a) A regional center shall not purchase day program, vocational education, work services, independent living program,

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or mobility training and related transportation services for a consumer who is 18 to 22 years of age, inclusive, if that consumer is eligible for special education and related education services and has not received a diploma or certificate of completion, unless the individual program plan (IPP) planning team determines that the consumer's needs cannot be met in the educational system or grants an exemption pursuant to subdivision (d). If the planning team determines that generic services can meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services. To ensure that consumers receive appropriate educational services and an effective transition from services provided by educational agencies to services provided by regional centers, the regional center service coordinator, at the request of the consumer or, where appropriate, the consumer's parent, legal guardian, or conservator, may attend the individualized education program (IEP) planning team meeting.

- (b) For consumers who are 18 to 22 years of age, inclusive, who have left the public school system, and who are receiving regional center purchased services identified in subdivision (a) on or before the effective date of this section, a determination shall be made through the IPP as to whether the return to the educational system can be achieved while meeting the consumer's needs. If the planning team determines that the consumer's needs cannot be met in the educational system, the regional center may continue to purchase the services identified in subdivision (a). If the planning team determines that generic services can meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services.
- (c) For consumers who are 18 to 22 years of age, inclusive, who have left school prior to enactment of this section, but who are not receiving any of the regional center purchased services identified in subdivision (a), the regional center shall use generic education services to meet the consumer's day, vocational education, work services, independent living, or mobility training and related transportation needs if those needs are subsequently identified in the IPP unless the consumer is eligible for an exemption as set forth in subdivision (d). If the planning team determines that generic services can meet the consumer's day, vocational

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education, work services, independent living, or mobility training and related transportation needs, the regional center shall assist the consumer in accessing those services.

- (d) (1) An exemption to the provisions of this section may be granted on an individual basis in extraordinary circumstances to permit purchase of a service identified in subdivision (a). An exemption shall be granted through the IPP process and shall be based on a determination that the generic service is not appropriate to meet the consumer's need.
- (2) At the time of development, scheduled review, or modification of a consumer's individual program plan, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement describing the exemption in paragraph (1) and examples of documentation that may be submitted to demonstrate qualification for the exemption.
- (3) The IPP planning team shall consider the standard set forth in Section 4688.05 when determining whether the consumer qualifies for an exemption under this subdivision for the purpose of meeting his or her independent living needs.
- (e) A school district may contract with regional center vendors to meet the needs of consumers pursuant to this section.
- SEC. 6. Section 4659 of the Welfare and Institutions Code is amended to read:
- 4659. (a) Except as otherwise provided in subdivision (b) or (c), the regional center shall identify and pursue all possible sources of funding for consumers receiving regional center services. These sources shall include, but not be limited to, both of the following:
- (1) Governmental or other entities or programs required to provide or pay the cost of providing services, including Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, school districts, and federal supplemental security income and the state supplementary program.
- (2) Private entities, to the maximum extent they are liable for the cost of services, aid, insurance, or medical assistance to the consumer
- (b) Any revenues collected by a regional center pursuant to this section shall be applied against the cost of services prior to use of regional center funds for those services. This revenue shall not

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result in a reduction in the regional center's purchase of services budget, except as it relates to federal supplemental security income and the state supplementary program.

- (c) Effective July 1, 2009, notwithstanding any other law or regulation, regional centers shall not purchase any service that would otherwise be available from Medi-Cal, Medicare, the Civilian Health and Medical Program for Uniform Services, In-Home Support Services, California Children's Services, private insurance, or a health care service plan when a consumer or a family meets the criteria of this coverage but chooses not to pursue that coverage. If, on July 1, 2009, a regional center is purchasing that service as part of a consumer's individual program plan (IPP), the prohibition shall take effect on October 1, 2009.
- (d) (1) Effective July 1, 2009, notwithstanding any other law or regulation, a regional center shall not purchase medical or dental services for a consumer three years of age or older unless the regional center is provided with documentation of a Medi-Cal, private insurance, or a health care service plan denial and the regional center determines that an appeal by the consumer or family of the denial does not have merit. If, on July 1, 2009, a regional center is purchasing the service as part of a consumer's IPP, this provision shall take effect on August 1, 2009. At the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement describing the documentation required pursuant to this paragraph. Regional centers shall pay for medical or dental services during the following periods:
- (A) While coverage is being pursued, but before a denial is made.
- (B) Pending a final administrative decision on the administrative appeal if the family has provided to the regional center a verification that an administrative appeal is being pursued.
- (C) Until the commencement of services by Medi-Cal, private insurance, or a health care service plan.
- (2) When necessary, the consumer or family may receive assistance from the regional center, the Clients' Rights Advocate

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1 funded by the department, or the state council in pursuing these 2 appeals.

- (e) This section shall not impose any additional liability on the parents of children with developmental disabilities, or to restrict eligibility for, or deny services to, any individual who qualifies for regional center services but is unable to pay.
- (f) In order to best utilize generic resources, federally funded programs, and private insurance programs for individuals with developmental disabilities, the department and regional centers shall engage in the following activities:
- (1) Within existing resources, the department shall provide training to regional centers, no less than once every two years, in the availability and requirements of generic, federally funded and private programs available to persons with developmental disabilities, including, but not limited to, eligibility requirements, the application process and covered services, and the appeal process.
- (2) Regional centers shall disseminate information and training to all service coordinators regarding the availability and requirements of generic, federally funded, and private insurance programs on the local level.

SEC. 7.

- SEC. 4. Section 4686.2 of the Welfare and Institutions Code is amended to read:
- 4686.2. (a) Effective July 1, 2009, notwithstanding any other law or regulation to the contrary, any vendor who provides applied behavioral analysis (ABA) services, or intensive behavioral intervention services or both, as defined in subdivision (d), shall:
- (1) Conduct a behavioral assessment of each consumer to whom the vendor provides these services.
- (2) Design an intervention plan that shall include the service type, number of hours hours, and parent participation needed to achieve the consumer's goals and objectives, as set forth in the consumer's individual program plan (IPP) or individualized family service plan (IFSP). The intervention plan shall also set forth the frequency at which the consumer's progress shall be evaluated and reported.
- 38 (3) Provide a copy of the intervention plan to the regional center for review and consideration by the planning team members.

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(b) Effective July 1, 2009, notwithstanding any other law or regulation to the contrary, regional centers shall:

- (1) Only purchase ABA services or intensive behavioral intervention services that reflect evidence-based practices, promote positive social behaviors, and ameliorate behaviors that interfere with learning and social interactions.
- (2) (A) Only purchase ABA or intensive behavioral intervention services when the parent or parents of minor consumers receiving services participate in the intervention plan for the consumers, given the critical nature of parent participation to the success of the intervention plan.
- (B) In determining the extent of parent participation required for the provision of ABA or intensive behavioral intervention services, the IPP or IFSP planning team shall consider any relevant hardships suffered by a parent or parents that may constitute a barrier to the consumer accessing those services, including, but not limited to, availability of group instruction courses, conflicts with employment, vocational training, or educational demands, financial hardship, or lack of transportation or child or other family member care, and language barriers. Any hardships shall be documented in the IPP or IFSP and reviewed annually to determine if there has been a change in circumstances. If the regional center determines that the extent of parent participation should be adjusted due to a change in circumstances, the regional center shall provide adequate notice pursuant to subdivision (a) of Section 4710.
- (C) At the time of development, scheduled review, or modification of a consumer's IPP or IFSP, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement describing the process for determining the extent of parent participation pursuant to this paragraph and examples of documentation that may be submitted to demonstrate hardships.
- (3) Not purchase either ABA or intensive behavioral intervention services for purposes of providing respite, day care, or school services.
- (4) Discontinue purchasing ABA or intensive behavioral intervention services for a consumer when the consumer's treatment goals and objectives, as described under subdivision (a), are achieved. ABA or intensive behavioral intervention services

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shall not be discontinued until the goals and objectives are reviewed and updated as required in paragraph (5) and shall be discontinued only if those updated treatment goals and objectives do not require ABA or intensive behavioral intervention services.

- (5) For each consumer, evaluate the vendor's intervention plan and number of service hours for ABA or intensive behavioral intervention no less than every six months, consistent with evidence-based practices. If necessary, the intervention plan's treatment goals and objectives shall be updated and revised.
- (6) Not reimburse a parent for participating in a behavioral services treatment program.
- (c) For consumers receiving ABA or behavioral intervention services on July 1, 2009, as part of their IPP or IFSP, subdivision (b) shall apply on August 1, 2009.
- (d) For purposes of this section the following definitions shall apply:
- (1) "Applied behavioral analysis" means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors which interfere with learning and social interaction.
- (2) "Intensive behavioral intervention" means any form of applied behavioral analysis that is comprehensive, designed to address all domains of functioning, and provided in multiple settings for no more than 40 hours per week, across all settings, depending on the individual's needs and progress. Interventions can be delivered in a one-to-one ratio or small group format, as appropriate.
- (3) "Evidence-based practice" means a decisionmaking process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluation of valid, important, and applicable individual- or family-reported, clinically-observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments and facilitates the most cost-effective care.

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(4) "Parent participation" shall include, but shall not be limited to, the following meanings:

- (A) Completion of group instruction on the basics of behavior intervention.
- (B) Implementation of intervention strategies, according to the intervention plan.
- (C) If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports.
  - (D) Participation in any needed clinical meetings.

- (E) Purchase of suggested behavior modification materials or community involvement if a reward system is used.
- SEC. 8. Section 4686.5 of the Welfare and Institutions Code is amended to read:
- 4686.5. (a) Effective July 1, 2009, notwithstanding any other provision of law or regulation to the contrary, all of the following shall apply:
- (1) A regional center may only purchase respite services when the care and supervision needs of a consumer exceed that of an individual of the same age without developmental disabilities.
- (2) A regional center shall not purchase more than 21 days of out-of-home respite services in a fiscal year nor more than 90 hours of in-home respite services in a quarter, for a consumer.
- (3) (A) A regional center may grant an exemption to the requirements set forth in paragraphs (1) and (2) if it is demonstrated that the intensity of the consumer's care and supervision needs are such that additional respite is necessary to maintain the consumer in the family home, or there is an extraordinary event that impacts the family member's ability to meet the care and supervision needs of the consumer.
- (B) At the time of development, scheduled review, or modification of a consumer's individual program plan or individualized family service plan, the regional center shall provide, in a non-technical, understandable form and in the native language of the consumer or his or her parents, legal guardian, conservator, or authorized representative, or both, a written statement describing the exemption in subparagraph (A) and examples of documentation that may be submitted to demonstrate qualification for the exemption.

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1 (C) For purposes of this section, "family member" means an 2 individual who:

- (i) Has a consumer residing with him or her.
- (ii) Is responsible for the 24-hour care and supervision of the consumer.
- (iii) Is not a licensed or certified residential care facility or foster family home receiving funds from any public agency or regional center for the care and supervision provided. Notwithstanding this provision, a relative who receives foster care funds shall not be precluded from receiving respite.
- (4) A regional center shall not purchase day care services to replace or supplant respite services. For purposes of this section, "day care" is defined as regularly provided care, protection, and supervision of a consumer living in the home of his or her parents, for periods of less than 24 hours per day, while the parents are engaged in employment outside of the home or educational activities leading to employment, or both.
- (5) A regional center shall only consider in-home supportive services a generic resource when the approved in-home supportive services meets the respite need as identified in the consumer's individual program plan (IPP) or individualized family service plan (IFSP).
- (b) For consumers receiving respite services on July 1, 2009, as part of their IPP or IFSP, subdivision (a) shall apply on August 1, 2009.
- (c) This section shall remain in effect until implementation of the individual choice budget pursuant to Section 4648.6 and certification by the Director of the Department of Developmental Services that the individual choice budget has been implemented and will result in state budget savings sufficient to offset the costs associated with the repeal of this section. This section shall be repealed on the date of certification.